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COATS & BE 1400 Crescent ( Cary, NC 2751)			Certificat	e of Mailing on Trans-				
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					10	DECEN	IBER ZOO	OB (Date)
APPLICATION NO.			FIRST NAMED INVE		R AT		RNEY DOCKET NO.	CONFIRMATION NO.
10/567,236 TITLE OF INVENTION COMPRISING AERAT	05/03/2006 N: METHOD AND INST ION REGULATION	ΓALLATIO.	N FOR THE	Loic Oger BIOLOGICAL TREAT	MENT OF WAT	TER USING	4195-032 ACTIVATED SLUDO	2534 SE AND
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DU	E PREV. PAID	ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	ional NO		1440	\$300	\$0	)	\$1740	12/05/2008
EXAMINER			UNIT	CLASS-SUBCLASS	SS			
LAWRENCE JR, FRANK M 1797				210-614000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SAINT—MAURICE CEDEX,  TRANCE  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Accorporation or other private group entity Individual Corporation or other private group entity Individual I								
THE CALL COLOR				b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18116.7 (enclose an extra copy of this form).				
a. Applicant claims	s (from status indicated SMALL ENTITY status Publication Fee (if requi	. See 37 CF	R 1.27	h Applicant is no los	gor olaimina CA	WALL TENTON	TTV	
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